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AUTHOR   Van Nooten, Nancy
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ABSTRACT
                This review evaluates research on the Strategies
Intervention Model (SIM) developed at the Institute for Research in
Learning Disabilities, University of Kansas. The model is designed to
teach learning-disabled and low-achieving adolescents strategies
which will enable them to learn and perform independently, show
appropriate social and personal skills, earn a high school diploma,
and make successful transitions to post-high school settings. The
review focuses on learning strategies that enable target students to
improve their social skills and generalize the use of specific social
skills. The review analyzes the social competence definition, the
target population, training procedures, evaluation procedures,
generalization effects, and implications. The review concludes that
the SIM Social Skills Curriculum appears to be a useful tool in
social skills training for students who present social skills
deficits. The question of generalization and long-term effect is yet
to be answered as data accumulates. (Contains 23 references.)
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A Social Skills Curriculum

Nancy van Nooten

Dominican College, San Rafael

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Introduction:

The purpose of this review is to evaluate the research to date on the Strategies Intervention Model (SIM) developed at the Institute for Research in Learning Disabilities (IRLD), University of Kansas, and implemented in various educational settings across the country. This model is designed to teach learning disabled and low achieving adolescents strategies which will enable them to learn and perform independently, show appropriate social and personal skills, earn a high school diploma, and make successful transitions to post high school settings. The institute researched and developed a curriculum which includes strategy training for academic skills, social skills, modified materials, and instructional procedures, as well as the means to evaluate both immediate and long term results.

Statement of the Problem:

Are there learning strategies which effectively enable students with learning disabilities or low achievement scores to improve their social skills, and can such students be taught to generalize the use of

specific social skills over a variety of settings,
within and beyond the academic milieu?

Rationale:

Numerous studies document the observation that
social skills deficits are present in all categories of
exceptional children, (Strain & Odom, 1986); that such
deficits tend to become increasingly debilitating
without intervention, (Strain, 1981); that they are
part of an overall general disfunction found in
learning disabled adolescents, (Deshler, Schumaker,
Warner, Alley, & Clark, 1980; (Schumaker, Deshler,
Alley, & Warner, 1983); and that a variety of effective
treatment outcomes have been observed after
interventions of different kinds, (Hazel, Shuman,
Schumaker, & Sheldon, 1990).

Background and Need:

In the article written in 1983 by Schumaker,
Deshler, Alley, and Warner of the University of Kansas,
the authors summarize the results of their
epidemiological studies which were carried out to
determine the nature of deficiencies of learning
disabled adolescents as compared with other low
achieving students (Deshler et al., 1980, Deshler &

Schumaker, 1983, Schumaker et al., 1983). They
describe LD adolescents as performing poorly in all
achievement areas, which suggests that their
disabilities are general. The researchers found that
LD students reach a plateau of basic skills during the
secondary grades, and that they demonstrate
deficiencies in the following areas: study skills and
strategies, notetaking, listening comprehension,
monitoring, writing errors, test taking, scanning,
executive functioning, and social skills. On the basis
of these observations the researchers developed SIM
which includes the following components: learning
strategies curriculum, social skills curriculum,
instruction and materials modification, instructional
modification, motivation, and evaluation techniques.
The learning strategies curriculum they developed
offers procedures for teaching strategies for gaining
information from written and oral materials, and has 16
components. The social skills curriculum is intended
to teach adolescents specific social skills and to
generalize their use. It has 30 skills, involves
learning in which situations social skills can be used,
how to discriminate which skill is appropriate to the

situation, and how to carry out the skill. Studies on the use of the curriculum are described by Hazel, Schumaker, Sherman, and Sheldon-Wildgen, 1981a; Hazel et al., 1982; Schumaker and Ellis, 1982.

This curriculum was written for and used with mildly handicapped adolescents, specifically adolescents with a reading level of at least 4th grade. Of additional interest to teachers of LD and low achieving students is the possibility of using it successfully with elementary age students in grades 3 to 6 and of making adaptations for students below 4th grade reading level by using audio tapes or by reading aloud in a whole class setting. Because a role playing strategy is used as a major part of the instruction, it seems worthwhile to use the curriculum with younger students who show disabilities similar to those of the original research population. In fact the authors suggest that the curriculum be used with nonhandicapped adolescents who are lacking in social skills. The curriculum was tested in Kansas and targeted for three groups of mildly handicapped youths ranging in age from 12 to 21 years: the LD, the mildly mentally retarded, and the emotionally disturbed. Future research in

different parts of the country and with elementary age
children can possibly verify the usefulness of the
curriculum broadly with respect to age and geography,
as will as with severely emotionally disturbed and
behaviorally disordered youth.

The Social Skills Curriculum consists of a set of
30 skill workbooks each containing awareness, practice
and application material for one of the targeted
skills. There are also 13 comic books, each of which
illustrates the use of a cluster of related skills
through science fiction stories. The learners answer
questions in booklets as they learn each skill.
Included are rating scales for both learner and
instructor so that pre and post evaluations can be made
and initial placement in the curriculum can be
determined. The instructor is given tools to manage
and organize the material. In addition to the
workbooks, the practice section suggests role playing
scenes in which the learners can practice the social
skill, and other learners can identify skills
performed. "Bonus missions" are used to encourage
application of the new skills to settings beyond the
learning milieu.

Review of the Literature:

Model Used to Define Social Competence:

A social deficit model was used by the University

of Kansas researchers in their attempt to determine

what social skills needed to be taught. Vaughn,

McIntosh and Hogan, 1990, questioned the validity of a

social deficit model in favor of a contextualized

model. They see social skills as only part of a

picture of social competence. In their view social

competence involves positive relationships with others,

- peers, family, community,- accurate and age

appropriate social cognition involving problem-solving,

self-perception, judgment about the feelings of others,

motivation, absence of maladaptive behavior such as

aggressiveness, attention disorder, anxiety, disruptive

conduct, self-control, and knowledge of effective

social behaviors. With young children the focus on

social behaviors is on outgoing/initiating and

cooperating/responding. These researchers emphasize

the contextual circumstances of social interactions

including the behavior of the child, the social

environment and the social values of the milieu. Peer

acceptance is highly related to social competence in

their view. They draw their theoretical ideas from the work of Piaget, 1985, and Vygotsky, 1981, both of whom viewed the understanding of self and others as a joint view of social reality. From a contextualist point of view the social deficit model fails to incorporate environmental influences and the values of the culture or subculture in which the child exists. The deficit model sees the child as the problem in that skills are lacking in the behavioral repertoire, and seeks to change this lack of social competence by training in behavioral skills. Vaughn, McIntosh and Hogan (op.cit.) see social skills as part of the social interaction but note that in their research improvement in social skills alone does not change social status. Their research involves pairing children with poor social competence with those with greater social competence and peer acceptance and having these pairs teach others. The initial results of their work indicate that this method increases the likelihood of success.

Hazel, Sherman, Schumaker, and Sheldon (op. cit.), in a review of group social skills training with adolescents, discuss their rationale for adopting a

social deficit model. They have found in their ten
years of research with LD youth that large numbers of
adolescents fail to learn behaviors which facilitate
social competence and that social skills training can
teach them alternative ways of interacting socially.
Theirs is a pragmatic approach to the problem,
addressed at the behavioral level. Given obvious
social skills deficits, specific skills can be taught
that fill in gaps in an individual's behavioral
repertoire. Deficits might be derived from any number
of reasons but can be effectively alleviated by
training and encouragement and practice using
alternative behaviors in natural settings. Their
research has focused on content and procedures,
identification of areas of deficiency and choice of
appropriate skills to remediate deficiencies. Then
they chose appropriate procedures and content for
teaching each skill, and gathered data to evaluate
effectiveness and generalizability of the training.

The researchers at IRLD define social competence in behavioral terms thus:

when we refer to a person as being socially

> competent or socially skilled, it indicates that
>
> the person has displayed a repertoire of
>
> behaviors in interacting with others that are
>
> judged to be appropriate and successful ...
>
> based on the judgments or opinions of other
>
> people (Hazel et al. Ibid p. 206).

They emphasize that such judgment would have predictive value, so that observers of past behavior and those of future behavior must have common criteria and common expectations. Further, they point out that there are commonly held notions about appropriateness, purposes in social interactions, and what success means, surrounded by the complex set of circumstances in which social interchange occurs. Thus they do not deny contextual circumstances in social situations, but select those skills that can be agreed upon as important, trainable, and can generalize to natural settings. Given the complexity with respect to persons, places and circumstances, they state that there can be no total agreement about methods for

determining what social skills should be taught for
particular social problems, how they should be grouped
or defined, or how to establish component behaviors of
these skills. In reviewing the literature on how
social skills are selected for remediation, they cite
clinical and professional experience, peer criticism
and acceptance, interviewing or surveying program
learners and significant others, observations of
trainees in social interactions, and a combination of
these methods. The Social Skills Curriculum from the
University of Kansas was created through such a
combination. Skills were identified through a review
of the literature, a survey of mildly handicapped
persons, teachers, and parents and validated by
teachers and experts in the field of the mildly
handicapped and experts in the field of social skills.
This process led to the selection of 30 social skills
commonly identified as needed by the target population.
Target Population:

The population studied for the development of the
SIM Social Skills Curriculum was of mildly handicapped
adolescents and young adults, age 12 to 21. The
question arises as to whether this curriculum can be

used justifiably for younger children, for instance

from age 8 to 12, and with a broader range of

handicapping conditions, - severe emotional disturbance

and behavior disorders.   The curriculum has a reading

level of 4th grade but can be used in group situations

with students who have below 4th grade reading skills

because the writing part requires filling in blanks

with words already used numerous times in the script.

The reading can be done aloud by those in the group who

can read, or with the use of audio tapes.   Much of the

practice section involves role playing, both

participating and observing.   The comic book dialogue

can be read aloud in group training sessions.

Bryand and Lee (1990), in their review of social

skills training with learning disabled children point

out that a cumulative body of research since the '30s

demonstrates that there is a relationship between poor

peer relationships in childhood and adult

maladjustment.   The research on LD children focused on

social skills problems is of more recent origin, since

1980, but indicates that these students are more likely

to receive low scores on sociometric scales than higher

achieving peers (Bryan & Bryan, 1990).   Low acceptance

by peers is taken as one indication of social skills
deficits. Other studies took other measures of social
cognition and communication skills such as expressive
language, which would hamper social competence, and
found learning disabled children less able than peers
(Donahue, Pearl & Bryan, 1983; Saloner & Gettinger,
1985; Wong & Wong, 1980). The review written by Bryan
and Lee (op.cit.) summarized the results of social
skills training with students with learning
disabilities, including a number of studies with
younger children. These studies showed increased
frequency of use for targeted skills in structured
settings.

One study involved severely emotionally disturbed
youngsters in a social problem-solving training program
in which they demonstrated significant gains in the
number of alternatives generated in problem situations
(Amish, Gesten, Smith, Clark & Stark, 1988). Schneider
and Byrne, 1987, individualized social skills training
with two groups of behavior disordered children and
demonstrated that both groups showed an increase in
cooperative behavior. It seems reasonable to use the
SIM Social Skills Curriculum with younger children,

with severely emotionally disturbed and with behavior
disordered children and not confine its use to LD,
mildly retarded and mildly disturbed adolescents. It
is potentially useful for social skills training with
children 8 years and above, especially when a group
situation is the only practical way to teach such
children.

In a recent review of the literature on social
skills intervention, Vaughn et al. (op.cit.) looked at
7 studies selecting elementary students, 5 studies
selecting middle school students, and 7 selecting high
school students as subjects. One study utilized an age
range from 5 to 13 years (Grayson, Gadow & Sprafkin,
1987). Studies done with elementary age and high
school students reported greater success than did
studies on middle school students, suggesting that
there may be developmental stages during which children
are more receptive to social skills training.
Training Procedures:

Hazel et al. 1982 (op.cit.) describe most group
skills training procedures as based on the assumption
that the social skills chosen for inclusion are those
absent from the student's repertoire and are designed

to help the youths acquire the new skills. There are
usually four components to the skills training, and
these are all contained in the SIM Social Skills
Curriculum. First, there are descriptive procedures
designed to explain what the skill is and why it is
important, where it can be used, and the specific steps
involved (Hazel et al. 1981b). The verbal description
of the skill involves an operational definition, for
example in defining resistance to peer pressure, the
definition given is "Resisting peer pressure is the
skill of saying `No' to your friends when they are
trying to talk you into doing something that might get
you into trouble".

Next, a rationale is presented to induce a verbal
discussion about the skill which can help motivate the
student. For example in resisting peer pressure the
rationale presented could be "If you are able to say
`No' to your friends in a nice way, you will be more
likely to keep your friends and less likely to get into
trouble with authorities". A third descriptive step is
a discussion of the general characteristics of
situations in which the skill can be used as well as
examples of specific situations. SIM Social Skills

Curriculum excells in the use of concrete examples of
where a skill may be used, as well as drawing
comparisons between situations which have a similar
need for the new skills to be learned. Both verbal and
nonverbal parts of the skill are taught, modelled,
practiced and used in the training setting and the
student is encouraged to apply the skill outside the
training setting, bringing such examples back to the
other trainees to model. In a group training situation
many examples of the skill will be brought into the
discussion and practice sessions, which is one of the
chief advantages of having several participants. It
also demonstrates how the particular skill can be used
in different settings, or how it can generalize to new
situations.

A second teaching procedure involves the use of
modelling, consisting of a simulated presentation of
the skill. This might include both good and poor
models as described in a study by Heimberg et al.,
1982, the use of imagery as done by Pentz and Kazdin,
1982, and videotapes as used by Hazel et al. 1981a
(op.cit.). The Social Skills Curriculum contains many
suggestions for trainee and observer to role play

examples of each skill, and to invent their own role

playing situations in which the skill can be used.

Performance to 100% criteria for each participant is

recommended. The advantage of having the participant

both observe and take part in role playing each new

skill is that in thinking up situations motivation is

enhanced and problem solving is involved. The

involvement engendered by this technique is intense.

Observing others playing roles encourages metacognition

of the presence or absence of the targeted social

skill. Both prearranged roles and suggestions for

encouraging students to try out their newly acquired

skills in other settings is contained in the Social

Skills Curriculum. Also, students are encouraged to

bring in their own examples from their living

situations. The performance to 100% criteria for each

participant is needed to ensure success of the

generalization phaze of the training.

Application procedures include assignments to try

the new skills in outside setting and to make notes

(Hazel et al. 1981b) and discussions of these efforts

before the next practice session. Role playing

situations in which a new skill is highlighted is both

a modelling device and a practice session. Because
practice is the third and most critical component of
the behavioral rehearsal of a new skill, the sessions
can be extended beyond those suggested in the
curriculum guide, if needed. In a group situation the
experiences of each participant can be included,
extending the practice sessions considerably both in
number and in range of settings or contexts. This part
of the training does not involve reading or writing,
does involve everyone, is enjoyable and likely to
capture the interest and attention of all participants.

A fourth component of social skills training is
feedback, which lets the learner know whether a
performance of the skill is appropriate or not. It can
be given by the leader or teacher, the trainees to each
other, videotaped for post practice discussion, or some
combination of these measures. The advantage of whole
group training is in increasing the amount and nature
of the feedback. The authors of the program affirm
that positive feedback provides crucial social
reinforcement.

Evaluation Procedures:

The Social Skills Curriculum uses a series of

assessments made before, during and after training,
combining questionnaires for both learner and observer,
student and teacher, and role playing observations.
The study conducted by the Hazel et al., 1981b
(op.cit.), used a multiple-baseline-across-skills
design to assess chang s in skill level as well as a
comparison group design. They found an increase in the
use of each social skill as it was trained and also
less recidivism in the trained group as compared with
untrained subjects. In their recent review of the
literature on group social skills training with
adolescents Hazel, Sherman, Schumaker & Sheldon, 1990
(op.cit.) found that generally positive changes are
found following training. The majority of the studies
reviewed used questionnaires, observations of
behavioral role play performances, or a combination of
these two procedures.

Generalization Effects:

Given that positive results are observed during
and after training in a particular setting, an
important issue arises with respect to long-term
effects, transfer of training to similar situations in
other real life settings, and overall increase in

social competence. Use of role playing situations that
are new to the student but occuring in the same setting
only indicate the ability to use the training, and only
after practice to 100% criterion, reported Hazel et al.
in their 1981b study (op.cit.) Schumaker and Ellis,
1982 (op.cit.) did not find use of the skill in other
settings after role playing the behavior in a
particular setting. Several other researchers
mentioned in the review by Hazel et al., 1990 (op.cit.)
used direct observation of skills outside the training
setting and did find generalized use of the trained
skills. Another group of studies utilized behavior
checklists for parents and teachers and found fewer
behavioral problems after social skills training. IRLD
researchers recommend that several measures of
generalization be used after training, both indirect as
in questionnaires, and direct as in observation of
behavior over time. More data of this nature must be
collected to determine the long range effects and
transfer of training to other settings. At present
this important issue is unresolved, though tentatively
positive results have been noted in some cases.

Implications:

Reviews of the literature on social skills
training with different curriculum models do on the
whole find positive results (Bryan & Lee, 1990 op.cit.;
Hazel et al., 1990, op.cit.). Yet comparisons among
such studies yield only tentative confirmation of the
effectiveness of social skills training because of the
large number of variables operating in this kind of
research. Individual characteristics of the subjects
in these studies varied widely in terms of age range,
sex, sociometric status, which is a variable of
importance in some studies but not included in others.
Also the developmental stage and measurement of pre-
training social competence, cognitive and communication
skills levels of mastery are some other variables
relating to subject characteristics.

Numerous situational variables also enter the
picture. Appropriateness of the skills training to
individual deficiencies and to the situations likely to
be experienced, complexity of situations, differences
in content, procedures, techniques and individual
differences among trainers are variables which would
likely result in different outcomes. Last, evaluation

of generalization effects and transfer of training are difficult to assess if different curricula are used. All these variations make comparisons between studies difficult. Yet the need for intervention techniques in the social realm continue to be in demand by teachers and all who work with children handicapped by learning disabilities, emotional disturbance and behavior problems. This demand justifies the continued attempt to teach and assess the usefulness of social skills training.

Conclusion:

The SIM Social Skills Curriculum appears to be a useful tool in social skills training for those involved with students who present social skills deficits, especially when observation of their behavior indicates such skills are not in their behavioral repertoire. It is a common observation that learning disabled, emotionally disturbed and behaviorally disordered youth have in common limited social competency. If the users of the curriculum make use of the evaluation procedures included in the model, a continuing accumulation of data can help evaluate the long term effects and transfer to real life settings.

At present the curriculum needs to be used with an
expanded age range, and a more diversified population,
and data collected on social skills before, during and
after training, using both direct and indirect measures
of performance. Testing at intervals of months and
even years past the training period would help with the
evaluation of transfer and long term effects.

Studies using different intervention models or
different research methods are difficult to compare.
In general however, they indicate that social skills
can be taught. The need for teaching these skills is
definite and apparent to teachers and counsellors of
students with learning, emotional and behavioral
problems. The SIM Social Skills Curriculum is one well
thought out and developed model which fulfills this
need. The question of generalization and long term
effect is yet to be answered as data accumulates. It
is hoped that students who learn new behaviors can be
observed a year or years after the intervention to see
what skills they apply to life situations and to peer
interactions in particular.

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